



ROSS MILLER
Secretary of State
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Certificate of Limited Partnership

(PURSUANT TO NRS CHAPTER 87A)

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

1. Name of Limited Partnership: (see instructions)																												
2. Street and Mailing Address of Designated Office:	<table border="0"><tr><td><input type="text"/> Street Address (required)</td><td><input type="text"/> City</td><td>Nevada</td><td><input type="text"/> Zip Code</td></tr><tr><td><input type="text"/> Mailing Address (required)</td><td><input type="text"/> City</td><td><input type="text"/> State</td><td><input type="text"/> Zip Code</td></tr></table>				<input type="text"/> Street Address (required)	<input type="text"/> City	Nevada	<input type="text"/> Zip Code	<input type="text"/> Mailing Address (required)	<input type="text"/> City	<input type="text"/> State	<input type="text"/> Zip Code																
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3. Registered Agent for Service of Process: (check only one box)	<table border="0"><tr><td><input type="checkbox"/> Commercial Registered Agent: <input type="text"/> Name</td><td colspan="3"></td></tr><tr><td><input type="checkbox"/> Noncommercial Registered Agent (name and address below)</td><td>OR</td><td><input type="checkbox"/> Office or Position with Entity (name and address below)</td><td colspan="2"></td></tr><tr><td colspan="5"><input type="text"/> Name of Noncommercial Registered Agent OR Name of Title of Office or Other Position with Entity</td></tr><tr><td><input type="text"/> Street Address</td><td><input type="text"/> City</td><td>Nevada</td><td colspan="2"><input type="text"/> Zip Code</td></tr><tr><td><input type="text"/> Mailing Address (if different from street address)</td><td><input type="text"/> City</td><td>Nevada</td><td colspan="2"><input type="text"/> Zip Code</td></tr></table>				<input type="checkbox"/> Commercial Registered Agent: <input type="text"/> Name				<input type="checkbox"/> Noncommercial Registered Agent (name and address below)	OR	<input type="checkbox"/> Office or Position with Entity (name and address below)			<input type="text"/> Name of Noncommercial Registered Agent OR Name of Title of Office or Other Position with Entity					<input type="text"/> Street Address	<input type="text"/> City	Nevada	<input type="text"/> Zip Code		<input type="text"/> Mailing Address (if different from street address)	<input type="text"/> City	Nevada	<input type="text"/> Zip Code	
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4. Dissolution Date: (optional)	A Limited Partnership governed by NRS Chapter 87A may have perpetual existence or state a dissolution date. The date of dissolution of this entity, if any, is: <input type="text"/> (mm/dd/yyyy)																											
5. Name, Street Address, Mailing Address and Signature of Each General Partner: (add additional page if more than 2)	<table border="0"><tr><td>1) <input type="text"/> Name of General Partner</td><td>X General Partner Signature</td><td colspan="2"></td></tr><tr><td><input type="text"/> Street Address (required)</td><td><input type="text"/> City</td><td><input type="text"/> State</td><td><input type="text"/> Zip Code</td></tr><tr><td><input type="text"/> Mailing Address (required)</td><td><input type="text"/> City</td><td><input type="text"/> State</td><td><input type="text"/> Zip Code</td></tr><tr><td>2) <input type="text"/> Name of General Partner</td><td>X General Partner Signature</td><td colspan="2"></td></tr><tr><td><input type="text"/> Street Address (required)</td><td><input type="text"/> City</td><td><input type="text"/> State</td><td><input type="text"/> Zip Code</td></tr><tr><td><input type="text"/> Mailing Address (required)</td><td><input type="text"/> City</td><td><input type="text"/> State</td><td><input type="text"/> Zip Code</td></tr></table>				1) <input type="text"/> Name of General Partner	X General Partner Signature			<input type="text"/> Street Address (required)	<input type="text"/> City	<input type="text"/> State	<input type="text"/> Zip Code	<input type="text"/> Mailing Address (required)	<input type="text"/> City	<input type="text"/> State	<input type="text"/> Zip Code	2) <input type="text"/> Name of General Partner	X General Partner Signature			<input type="text"/> Street Address (required)	<input type="text"/> City	<input type="text"/> State	<input type="text"/> Zip Code	<input type="text"/> Mailing Address (required)	<input type="text"/> City	<input type="text"/> State	<input type="text"/> Zip Code
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6. Other Matters: (see instructions)	<input type="checkbox"/> Mark box to indicate additional matters have been added to the Certificate of Limited Partnership and attach pages.																											
7. Formation Date: (optional)	The formation date of this entity will be the <i>later</i> of the filing date of this certificate or: <input type="text"/> (mm/dd/yyyy)																											
8. Certificate of Acceptance of Appointment of Registered Agent:	<p>I hereby accept appointment as Registered Agent for the above named Entity.</p> <p>X <input type="text"/> Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity</p> <p><input type="text"/> Date</p>																											